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# **FACSIMILE TRANSMISSION**

TO:

Commissioner for Patents

FROM:

Chad E. Bement

3547

Examiner Tom V. Sheng Patent Examining Corps

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Washington, D.C. 20231

F&L REF. NO.: 035451-0132 (3645,Palm)

Total pages, including cover letter: 3

PTO FAX NUMBER (571) 273-8300

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Title of Documents Transmitted: Notice of Appeal From the Examiner to the Board of Patent Appeals and Interferences

Applicants:

Canova, Jr.

Appl. No.:

10/054,684

Filing Date:

01/22/2002

Art Unit:

2673

Atty. Dkt. No.:

035451-0132 (3645.Paim)

By: Name:

Reg. No.:

54,991

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below,

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Atty. Dkt. No. 035451-0132 (3645.Palm)

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Canova, Jr.

Title:

HANDHELD COMPUTER WITH

POP-UP USER INTERFACE

Appl. No.:

10/054.684

Filing Date:

01/22/2002

Examiner:

Tom V. Sheng

Art Unit:

2673

CERTIFICATE OF PACSIMILE TRANSMISSION I hereby certify that this paper is being facelmile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.
Roberta A. Cooper
Roberta a. Casper
(Signature)
11/22/05
(Date of Deposit)

## NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated July 26, 2005, and in the Advisory Action dated October 4, 2005, finally rejecting Claims 1-22.

- [ ] Applicant claims small entity status.
- [X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- [X] Notice of Appeal Fee

[X]To be paid as detailed below

[ ]Not required (Fee paid in prior appeal)

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Application No. 10/054,684

The required fees are calculated below:

NOV.22.2005

[X]	Notice of Appeal Fee	\$500.00
[X]	Extension for response filed within the first month:	\$120.00
[]	Extension:	\$0.00
	FEE TOTAL:	\$620.00
[ ]	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$620.00

- [X] Please charge Deposit Account No. 06-1447 in the amount of \$620.00. A duplicate copy of this transmittal is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 11 22 200

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Chad E. Bement

Attorney for Applicant

Registration No. 54,991